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| SERIAL NUMBER 10/010,140 | FILING OR 371(c) DATE 12/06/2001 RULE | CLASS 623 | GROUP ART UNIT 3738 | ATTORNEY DOCKET NO. 0104-0527PUS1 |
| APPLICANTS Jan Eirik Ellingsen, Bekkestua, NORWAY; Staale Petter Lyngstadaas, Nesoddtangen, NORWAY; | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/254,987 12/12/2000 | | | | |
| ** FOREIGN APPLICATIONS ***** DENMARK PA 2000 01829 12/06/2000 | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 01/07/2002 | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY NORWAY | SHEETS DRAWING 0 | TOTAL CLAIMS 8 |
| | | INDEPENDENT CLAIMS 1 | | |
| ADDRESS 02292 | | | | |
| TITLE MEDICAL PROSTHETIC DEVICES AND IMPLANTS HAVING IMPROVED BIOCOMPATIBILITY | | | | |
| FILING FEE RECEIVED 1595 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | |